2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2012
Secretary of State

DOCUMENT# F11000000555

Entity Name: CENTENNIAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

73 AVE E
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

PO BOX 966
CONWAY, AR 72033

New Mailing Address:

FEI Number: 71-0841082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPARKS, TIM
73 AVE E
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: FRENCH, TRACY
Address: 78 GREYSTONE BLVD
City-St-Zip: CABOT, AR 72023

Title: D
Name: SHOCK, BUD
Address: PO BOX 88
City-St-Zip: CABOT, AR 72023

Title: P
Name: SPARKS, TIM
Address: 162 TURNER
City-St-Zip: BEEBE, AR 72012

Title: S
Name: COHEA, SAMANTHA
Address: 71 HUDSON BRANCH DR
City-St-Zip: AUSTIN, AR 72007

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIM SPARKS P 01/19/2012

Electronic Signature of Signing Officer or Director Date